[Note: Copy to School Letterhead]

## **Notice of Incomplete Immunizations**

(Date)					
Dear Pa	arent(s)/Guard	ian(s) of		:	
Student	's Birthdate:				
Require			_	munizations to meet the lar School Immunizations:	
		Missing dose	es are circled below		For children up to 60 months of age (younger than 5 years of age):
DT/DT: DT/DT: DT/DT:	aP dose #1 aP dose #2 aP dose #3 aP dose #4 aP dose #5 p dose #1	Polio dose #1 Polio dose #2 Polio dose #3 Polio dose #4	HepB dose #1 HepB dose #2 HepB dose #3	MMR dose #1 MMR dose #2 Varicella dose #1 Varicella dose #2	Hib
In order	for this stude	nt to remain in school	l, you need to do one of	the following immediately	y:
<ol> <li>Take this form to your healthcare provider's office or a local Public Health Nursing office to have this student immunized with the above vaccines. You will need to provide proof that this student received these immunizations in order for the student to attend school.</li> <li>If the student's immunization record shows that he or she has already received these immunizations, bring the record to the school so the student's school record can be updated. The immunization record must include the date that the immunizations were given and the healthcare provider's signature or stamp.</li> <li>If any immunizations were not given due to medical reasons, you will need to submit a Medical Exemption to Mandatory School Immunizations form along with supporting documentation from a physician to the Wyoming Department of Health. A copy of the letter from the Wyoming Department of Health, the Medical Exemption form, and the supporting documentation must be provided to the school by the date identified on this letter.</li> <li>If any immunizations were not given due to religious beliefs, you will need to submit a Religious Exemption to Mandatory School Immunizations form to the Wyoming Department of Health. A copy of the letter from the Wyoming Department of Health and the Religious Exemption form must be provided to the school by the date identified on this letter.</li> </ol>					
	ent is up-to-da y documentati	ate on their immuniza	ations or has met one of	ident may not attend schotthe other conditions iden (30	tified in this letter. The
(Name o		rse) at		n, please callfor your prompt response	_ (Name of School) at